Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED 10/27/2009	
NVS:			NVS5228AGC			B. WING		
						TATE, ZIP CODE		
DIAMON	D RETIREMENT LIV	ING			ERWOOD DI ON, NV 890	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO TH DEFICIENCY	TION SHOULD BE COMPLETE THE APPROPRIATE DATE		
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/27/09. This State Licensure survey was donducted by the authority of NRS 449.150, Powers of the Health Division. The facility received the grade of B. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was three.		rued as ons, be ederal, erated as vey his State authority ivision. Facility rsons sidents.	Y 000				
Y 103 SS=D	employee files we resident file was The following def 449.200(1)(d) Pe NAC 449.200 1. Except as other a separate persormember of the state (d) The health ce	ere re review iciend rsonr erwise nnel i aff of rtifica	es were identified	harged d: A ection 2, or each t include:	Y 103	PARTIES OF ELECTRIC	CONSULT AND THE STREET	
if defici	This Regulation is not met as evidenced by: Based on record review on 10/27/09, the facility as are cited, an approved plan of correction must be returned with			do 40 days = -	to receipt of this balancest of de	ficiencies		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Administration for No. 13.209

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FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS5228AGC 10/27/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 335 W SHERWOOD DR DIAMOND RETIREMENT LIVING HENDERSON, NV 89052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) (D (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY** Y 103 Continued From page 1 Y 103 failed to ensure 1 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1). Findings include: EMPLOYEE # 1'S PERSOUVEL FILE Employee #1's personnel file did not include a WILL BE UPDATED WITH A CLOSEN TBTEST. STEP# 1 TAKEN NOV 3/99. current annual TB test. Severity: 2 Scope: 1 578P #2 TAKEN NOV 10/09 Y 175 449.209(4)(b) Health and Sanitation-Hazards Y 175 SS=F NAC 449,209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation on 10/27/09, the facility failed to ensure the premises was free from hazards that impede the free movement of residents outside of the facility. Findings include: The facility was licensed to provide care to SELLE INTELL persons with Alzheimer's disease, Category II residents. 4 1 4 8 6 The egress pathway to exit the facility from the Action Physics 86 define an backyard, consisted of rock landscaping. The facility failed to provide a clear pathway from the

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backyard, that was free of obstacles to exit the facility in case of an emergency. The current pathway created a potential hazard for residents

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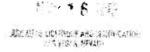
Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED. AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS5228AGC 10/27/2009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 335 W SHERWOOD DR DIAMOND RETIREMENT LIVING HENDERSON, NV 89052 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG **DEFICIENCY** THE PATHOLAY WILL BE Y 175 Continued From page 2 Y 175 INSTALLED BY NOV 17/09 that required the use of wheelchairs and walkers. Severity: 2 Scope: 3 Y 878 449.2742(6)(a)(1) Medication / Change order Y 878 SS=D NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 10/27/09, the facility failed to ensure the caregiver administered medication as prescribed by a physician for 1 of 3 residents (Resident #3). Findings include: WE WILL I NEVER THAT THE Resident #3's medication bottle of Entocort EC 3 BOTTLE LABEL OF PRESCRIPTION milligrams (MG) was labeled with directions for MATCHES THE DOCTOR'S ORDERS administration as follows: WHICH WILL BE REVIEWED BY 1) Two tablets by mouth on Wednesdays and Sundays ADMINISTRATION AT ALL 2) Three tablets by mouth on all other days Based on review of the Resident' #3's のとて TIMES prescription, the bottle containing Entocort 3 MG was confirmed as labeled according to the

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If continuation sheet 3 of 7



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If continuation sheet 4 of 7

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